

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006909

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1332

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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30582

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94344

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1262-2

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

M. W. Huffman, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 19 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Hospital		d. STREET ADDRESS (If outside, give location) 413 Newton	
3. NAME OF DECEASED (Type or print) BERTHA A. POINTER		4. DATE OF DEATH 2-25-1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-22-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. BIRTHPLACE (City and state or country) Balla, Kansas		11b. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George W. Gray		13b. MOTHER'S MAIDEN NAME Caroline Register	
14. NAME OF HUSBAND OR WIFE Curtis Pointer-Dec.		17. INFORMANT Blanche Shaw, R #2, Indepl. Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. INTERVAL BETWEEN ONSET AND DEATH 3 days	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Cardiac decompensation DUE TO (c) Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:45 a.m. 2/25/63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 5020 St John Kansas City Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 2/22/63 to 2/25/63 and last saw her alive on 2/25/63 Death occurred at 7:45 PM 2/25/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. W. Huffman		22b. ADDRESS 5020 St John Kansas City Mo	
22c. DATE SIGNED 2/26/63		22d. SIGNATURE Ruth Long	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-28-1963	
23c. NAME OF CEMETERY OR CREMATORY Miltonvale Cemetery		23d. LOCATION (City, town, or county) Miltonvale, Kansas	
24. FUNERAL DIRECTOR Sheil Funeral Home, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 2-27-63	
26. REGISTRAR'S SIGNATURE			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas A. Phil

Licensed Embalmer No. 4954

P. O. Address K. M.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.